

801126

|                             | Class | Subclass |
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| <b>ISSUE CLASSIFICATION</b> |       |          |

**PATIENT NUMBER**

# U.S. UTILITY Patent Application

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|--|---------------------------|
| <p><b>O.I.P.E.</b></p> <p>SCANNED <i>[Signature]</i> Q.A. <i>[Signature]</i></p> | <p><b>PATENT DATE</b></p> |
|--|---------------------------|

|                              |            |              |                |                  |                     |
|------------------------------|------------|--------------|----------------|------------------|---------------------|
| APPLICATION NO.<br>09/992463 | CONT/PRIOR | CLASS<br>036 | SUBCLASS<br>44 | ART UNIT<br>3728 | EXAMINER<br>Stachic |
|------------------------------|------------|--------------|----------------|------------------|---------------------|

## APPLICANTS

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Insole for footwear

**TITLE**

PTO-2040  
12/99

## ISSUING CLASSIFICATION

[illegible]

|   |  |             |                                   |              |
|---|--|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>  |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.   | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)   |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|   | <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____<br><br>_____ |             | <b>ISSUE FEE</b>                  |              |
| Amount Due  |  |             | Date Paid                         |              |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date)   |             | <b>ISSUE BATCH NUMBER</b>         |              |
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